

CHILD CARE 8.9.4 + 8.9.5 NMAC REQUEST FOR TRANSFER OF BACKGROUND CLEARANCE

l,		., hereby certify that I received a BCU background check clearance lette
(Full Name)	(Date of Birth)	
within the last 5 years for one of the following:		
Please check one:		
☐ Child Care Center:		
☐ Registered or Licensed Home Care		
		Original Clearance Date
Name of Child Care Center or Home Provider		
Address		Term Date (Last Day of employment)
City State	Zip	Term Date (Last Day of employment)
,		
□ Child Care Center □ Registered or Licensed HomeCare		
Name of Child Care Center or Home Provider		
Address		
City State	Zip	
	=	ve not been named as the alleged perpetrator of abuse or neglect
separated from the employment above for more		cic violence petition since I was cleared. I also certify I have not been I,, hereby affirm
under penalty of perjury that the statements gi	ven on this reque	st are true and accurate to the best of my knowledge. By signing will be grounds for denial of my request for transfer.
Signature:		Date:
ECECD BCU USE ONLY: This request for transfer of background clearance has been re Administrative Code, 8.9.6, 8.9.4 and 8.9.5.	eviewed in accordance	with all applicable background check and child care regulations found at New Mexico
This request for transfer is approved and serves as backgroun	d clearance document	ration for the new setting.

This request for transfer is denied. The applicant must reapply for a new background check.